

ER 702090405 US

ORIGIN (POSTAL USE ONLY) PO ZIP Code 91213-2261		Day of Delivery <input checked="" type="checkbox"/> Next <input type="checkbox"/> Recruit <input type="checkbox"/>		Flat Rate Envelope <input type="checkbox"/>	
Date In Mo. 03 Day 03 Year 03		Postage \$ 13.65		Return Receipt Fee	
Time In <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		<input checked="" type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM			
Weight lbs. 2.3 ozs.		<input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day			
No. Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday		Int'l Alpha Country Code		COO Fee Insurance Fee	
Acceptance Clerk Initials A.P.		Total Postage & Fees \$ 13.65			

FROM: (PLEASE PRINT) **PHONE ()** _____
Daniel Evans
101 S. Rainbow Blvd #26-39
Las Vegas NV 89145

FOR PICKUP OR TRACKING CALL 1-800-222-1811
www.usps.com

PSN

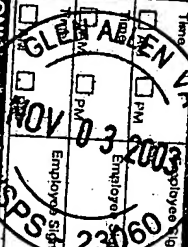
PRESS HARD. You are making 3 copies.



UNITED STATES POSTAL SERVICE®

Post Office To Address

Delivery Attempt		Time		Employee Signature	
No.	Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery Attempt				<input type="checkbox"/>	<input type="checkbox"/>
No.	Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery Date				<input type="checkbox"/>	<input type="checkbox"/>
No.	Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery Date				<input type="checkbox"/>	<input type="checkbox"/>
No.	Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



CUSTOMER USE ONLY

PAYMENT BY ACCOUNT
Express Mail Corporate Acct. No.

Federal Agency Acct. No. or
Postal Service Acct. No.

☐ **NO DELIVERY**
Weekday Holiday ☐

☐ **Signature Required**
Additional insurance is requested.
If signature is required, the insurance is void if delivery is made without obtaining signature.
If address of addressee is agent (if deliver signature is not required), the insurance is void if delivery is made without obtaining signature.
If address of addressee is not agent (if deliver signature is not required), the insurance is void if delivery is made without obtaining signature.
If address of addressee is not agent (if deliver signature is not required), the insurance is void if delivery is made without obtaining signature.

CUSTOMER SIGNATURE (Domestic Only)

Customer Signature

TO: (PLEASE PRINT) **PHONE:** _____

Commissioner of Patents

P.O. Box 1450

Alexandria VA

2 2 3 1 3 + 1 4 5 0

RECEIVED
FEB 23 2004
GROUP 3600